

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chen et al. Application No.: 10/081,134 Confirmation No.: 2251 Filing Date: 1/30/2002 Title: Energizing Gas for Substrate Processing with Shockwaves		Group Art Unit: 1783 Examiner: Richard J. Wilson Attorney Designation: 00571 SVLTCR/UMFJB September 9, 2004 San Francisco, CA 94107																													
VIA FACSIMILE / 703-872-9308 Commissioner for Patents		Extension of Time <input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.138																													
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/>		Extension (Months) <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee \$110 \$420 \$620 Total \$ 420.00																												
Fees for Extra Claims <table border="1"> <thead> <tr> <th colspan="4">Amendment Fee Calculation</th> </tr> <tr> <th></th> <th>Claims remaining after amendment</th> <th>Highest Number Previously Paid for</th> <th>Additional Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>33</td> <td>\$0</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>4</td> <td>\$0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>\$0</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td>\$0</td> </tr> <tr> <td colspan="3">Total</td> <td>\$0</td> </tr> </tbody> </table>				Amendment Fee Calculation					Claims remaining after amendment	Highest Number Previously Paid for	Additional Fee	Total Claims	20	33	\$0	Independent Claims	4	4	\$0	Multiple Dependent Claims			\$0	Supplemental Information Disclosure Statement			\$0	Total			\$0
Amendment Fee Calculation																															
	Claims remaining after amendment	Highest Number Previously Paid for	Additional Fee																												
Total Claims	20	33	\$0																												
Independent Claims	4	4	\$0																												
Multiple Dependent Claims			\$0																												
Supplemental Information Disclosure Statement			\$0																												
Total			\$0																												
Fee Payment <table border="1"> <tr> <td>Extension Fees</td> <td>\$420.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0</td> </tr> <tr> <td>Total</td> <td>\$420.00</td> </tr> </table>		Extension Fees	\$420.00	Fees for Extra Claims	\$0	Total	\$420.00	For Deposit <input checked="" type="checkbox"/> If any additional extension fee is required, please charge to Deposit Account No. 10-0258 and/or <input type="checkbox"/> If any additional extension fee is required, please charge to Deposit Account No. 10-0258																							
Extension Fees	\$420.00																														
Fees for Extra Claims	\$0																														
Total	\$420.00																														
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$420.00.		Please direct all telephone calls to: Ashok Jandani, (415) 498-1100 Please confer by mail correspondence to: Patent Department, Box 210 Applied Materials, Inc. P.O. Box 9090 Santa Clara, CA 95050																													
Certificate of Transmission I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (703) 872-9308 on the date shown below. By <u>Stephen Guzz</u> Date <u>9/9/2004</u>		Respectedly, <u>Ashok Jandani</u> Date <u>9/9/2004</u> Registration No. _____																													

S:\CLIENT\APPL\IFD\XSF75780\AMEND.CS.002.doc